



STATE OF ARIZONA
DEPARTMENT OF TRANSPORTATION
PROCUREMENT



ELECTRONIC REQUEST FOR QUOTES

ADOT SOLICITATION REFERENCE NUMBER: T09-13-00012

Commodity Code:

Description: **Modification of Existing Fire Sprinkler Systems to install tamper switches for several ADOT locations.**

DUE DATE: September 24, 2008 at 3:00 P.M. MST

DATE POSTED: September 11, 2008

Submittal Location: Arizona Department of Transportation
Procurement Group
1739 West Jackson Street, Suite A, MD 100P
Phoenix, Arizona 85007-3276

REPLY TO: FAX: (602) 712-3487 *mm*

Responsible Contract Officer: Robyn Caillouette Phone: (602) 712-7466

PROCUREMENTS LESS THAN \$50,000.00 ARE RESTRICTED TO SMALL BUSINESSES. A SMALL BUSINESS IS ONE THAT, INCLUDING ITS AFFILIATES, IS INDEPENDENTLY OWNED AND OPERATED, IS NOT DOMINANT IN THE TYPE OF BUSINESS IT CONDUCTS, AND WHICH EMPLOYS FEWER THAN 100 FULL TIME EMPLOYEES OR WHICH HAS GROSS RECEIPTS OF LESS THAN \$4 MILLION IN ITS LAST FISCAL YEAR.

"An Equal Employment Opportunity Agency"

The Arizona Department of Transportation is committed to the principles of Equal Employment Opportunity. To ensure dissemination of the Equal Opportunity program throughout all levels of the department, the ADOT Civil Rights Deputy Administrator serves as the Equal Opportunity Administrator for the Arizona Department of Transportation.

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SCOPE OF WORK

The Arizona Department of Transportation, hereinto referred to as the Department, has the need for modification of the existing fire sprinkler systems to install tamper switches at several ADOT locations.

The Contractor shall provide all necessary labor, materials and equipment to install one new tamper switch and necessary modifications of the fire sprinkler and alarm system for the switch connection to the alarm panel at each site.

Site Locations:

Office	Address	Hours
Casa Grande MVD	240 W. Cottonwood Ln., Casa Grande, AZ 85222	8-5 M-F
Douglas MVD	2050 N. Highway 191, Douglas, AZ 85607	8-5 M-F
Safford MVD	310 W. Main St., Safford, AZ 85546	8-5 M-F
Tucson East MVD	1360 S. Stocker Dr., Tucson, AZ 85710	8-5 M-F

Office	Address	Hours
Tucson North MVD	7330 N. Shannon Rd., Tucson, AZ 85741	8-5 M-F

Existing Fire System Information:

Location	Fire Alarm Mfr.	Dial Out	Alarm Model	Approximate Year Installed	Riser Location
Casa Grande	FireLite	Yes	MS-5210	1997	Training Room
Douglas	Silent Knight	Yes	5140-B	2002	Mechanical Room
Safford	Cerberus	Yes	SXL-EX	1998	Mechanical Room
Tucson East	Cerberus	Yes	PXL	1998	Mechanical Room
Tucson North	Star	Yes	SX4500	1991	Mechanical Room

The Contractor shall be licensed, bonded and insured, to perform the necessary work to complete the project.

The Contractor shall coordinate work hours with the Project Manager to minimize disruption of employees working at the individual locations. Contractor employees shall take all necessary safety precautions including the use of personal protective equipment, as required.

The Contractor is responsible for contacting the local authority and securing necessary permits and inspections required for the work being performed.

Modifications, equipment and components being installed must be compatible with the current system at the site.

After completing the installation, the contractor shall dispose of all debris generated from the activities at all locations to an approved land fill or appropriate dumpsters.

Specifications:

The work at each site shall include the following:

1. The installation of one new tamper switch.
2. The installation of new sway braces as needed on the sprinkler riser in accordance with NFPA (National Fire Protection Association) 13 Standards for the Installation of Sprinkler Systems, 72 National Fire Alarm Code®.
3. The installation of new conduit and wire from the new tamper switch to the alarm panel location in accordance with NFPA 70: National Electrical Code® and NFPA Standards for the Installation of Sprinkler Systems, 72 National Fire Alarm Code®.
4. The installation will include core drilling, fire stop caulking installation and all drywall patching and painting.
5. The Department will provide asbestos clearance or abate work site if required prior to any work being scheduled as is required by ADOT policy.
6. Asbestos certification: Contractor shall provide a material safety data sheet (MSDS) or product label for any and all materials installed that are not metal, glass or wood in order to confirm that asbestos containing materials are not used. For any Portland cement concrete used, a letter from the ready mix company certifying the concrete to be asbestos free shall be provided.
7. The installation must be tested with documentation of results supplied to the Department.
8. Contractor shall coordinate with the Project Manager in order to arrange for access to site work locations.
9. Approval letter from local or State Fire Marshall and copies of applicable test results shall accompany invoices requesting payment.

1.1 PROJECT COMPLETION TIME

Project completion time shall be fourteen (14) calendar days after notice to proceed for all locations awarded. Inspection by local authority, as required, is not reflected in the project completion time.

2.0 UNIFORM TERMS AND CONDITIONS

Incorporated by reference. To obtain a copy of the Uniform Terms and Conditions in full text, you can log on to <http://www.azdoa.gov/spo/agency-resources-1/documents-forms/docs-forms/UTCv7.pdf> or contact Robyn Caillouette at (602) 712-7466.

3.0 SPECIAL TERMS AND CONDITIONS

3.1 TERM OF CONTRACT

The term of any resultant contract for the Department shall commence on the date of contract execution and continue for thirty (30) calendar days after notice to proceed, unless terminated, canceled, or extended as otherwise provided herein. Aggregate amount of contract shall not exceed \$50,000.00.

3.2 CONTRACT EXTENSION

Reserved

3.3 CHANGES

The Department reserves the right to revise the delivery and schedule and make other changes within the general Scope of Work as may be deemed necessary to best serve the interest of the Department. All changes shall be documented by formal amendments to the contract.

3.4 SHIPPING TERMS

Reserved

3.5 DELIVERY

Reserved

3.6 ACCEPTANCE

Each item delivered shall be subject to a complete inspection by the Department. Inspection criteria shall include, but not be limited to, conformity to the specifications, workmanship, quality and materials.

If the delivered product is returned to the contractor for corrective action prior to acceptance for any reason, an additional period of fifteen (15) calendar days shall be allowed for inspection when subsequent deliveries occur.

The contractor shall be fully responsible for the transport of the material from and to the site, for installation and/or for the correction of items or workmanship not in compliance with the specifications.

Product returned to the contractor for corrective action may delay payment. Invoices will be processed for payment only after the product is accepted by the Department.

3.7 INVOICING

Separate invoices are required for each shipment of product.

Each separate invoice shall include at a minimum:

- Description and listing of part number and quantities
- Labor broken down by hours
- Date(s) service was performed
- Department contract number and purchase order number
- Price per unit and total per unit
- Applicable taxes
- Total of invoice

Invoices not sent to the proper address, or not containing the necessary and required information may delay payment to the contractor. A contractor whose payments are delayed due to improper invoicing shall make no claim against the Department or the State for late or finance charges.

The Department will make every effort to process payment for the purchase of product within thirty (30) calendar days after the Department has conducted the necessary reviews, and inspections as described herein. DELIVERY OF THE PRODUCT TO THE DEPARTMENT DOES NOT CONSTITUTE ACCEPTANCE, THEREFORE, ONLY THE

DEPARTMENT ACCEPTANCE DATE WILL BE A VALID DATE FOR STARTING THE THIRTY (30) CALENDAR DAY PAYMENT PERIOD.

3.8 PROMPT PAYMENT DISCOUNT

Prompt payment discounts of thirty (30) days or more set forth in an Offer shall be deducted from the offer for the purposes of evaluating that price (See Attachment 2, Price Sheet).

3.9 SAFETY STANDARDS

All services supplied under this contract shall comply with the current applicable Occupational Safety and Health Standards of the State of Arizona Industrial Commission, the National Electric Code, and the National Fire Protection Association Standards.

3.10 WARRANTY

The bidder warrants:

1. That all services performed hereunder shall conform to the requirements of this contract and shall be performed by qualified personnel in accordance with the highest professional standards.
2. That all items furnished hereunder shall conform to the requirements of this contract and shall be free from defects in design materials and workmanship.
3. The warranty period on workmanship and materials shall be based on a minimum of twelve (12) months from the time of delivery.

The bidders shall indicate on a separate written sheet that is submitted with their bid the exact conditions, limitations and duration of their warranty. As a minimum the warranty provided shall conform to the requirements stated herein.

3.11 CURRENT PRODUCTS

All offers submitted in response to this solicitation shall be in current and ongoing production; shall have been formally announced for general marketing purposes; shall be a model or type currently functioning in a user (paying customer) environment and capable of meeting or exceeding all specifications and requirements set forth in this solicitation.

3.12 VENDOR REGISTRATION

Prior to issuance of a Purchase Order and subsequent payment, the Contractor shall have a completed State of Arizona Substitute W-9 Form on file with the Procurement Group. No payments shall be made until the forms are on file.

3.13 CONTRACT ADMINISTRATION

For information regarding the Uniform and Special Terms and Conditions, and Specifications referenced in this Solicitation contact:

Robyn Caillouette, rcaillouette@azdot.gov
Contract Officer
(602) 712-7466

Following award, the contractor shall contact the Procurement Group for guidance or direction in matters of contract interpretation or problems regarding the terms, conditions or scope of the contract. Only the Contract Officer or his/hers authorized designee is authorized to change or amend the specific terms, conditions or provisions of the agreement.

3.14 NOTICES

All notices, requests, demands, consents, approvals, and other communications which may or are required to be served or given hereunder (for the purposes of this provisions collectively called "Notices"), shall be in writing and shall be sent by registered or certified United States mail, return receipt requested, postage prepaid, addressed to the party or parties to receive such notice as follows:

a. *If intended for the State, to:*

Arizona Department of Transportation, Procurement Group
1739 W. Jackson Street, Room 100P

Attention:

b. If intended for the contractor, to:

The contractor Name

Address

City, State, Zip

Attention:

No such other address as either party may from time to time furnish in writing to the other by notice hereunder. Any notice so mailed shall be deemed to have been given as of the date such notice is received as shown on the return receipt. Furthermore, such notice may be given by delivering personally such notice, if intended for the State, to the Arizona Department of Transportation, Chief Procurement Officer and, if intended for the contractor, to the person named on the Offer & Contract Award of this contract, or to such other person as either party may from time to time furnish in writing to the other by notice hereunder. Any notice so delivered shall be deemed to have been given as of the date such notice is personally delivered to the other party.

3.15 CANCELLATION FOR POSSESSION OF WEAPONS ON ADOT PROPERTY

This contract may be cancelled if contractor or any subcontractors or others in the employ or under the supervision of the contractor or subcontractors is found to be in possession of weapons.

Possession of weapons (firearms, explosive device, knife or blade of more than three inches, or any other instrument designed for lethal or disabling use) is prohibited on ADOT property pursuant to ADOT Policy, PER 6.04, "Weapons in the Workplace." Such property includes ADOT owned or leased office building, yards, parking lots, construction sites or state owned vehicles.

Further, if the contractor or any subcontractors or others in the employ or under the supervision of the contractors or subcontractors are asked by an ADOT official to leave the ADOT property, they are advised that failure to comply with such a request shall result in cancellation of the contract and anyone who refuses, whether armed or not, is subject to prosecution under A.R.S. § 13-1502, "Criminal trespass in the third degree; classification."

3.16 OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

3.17 FEDERAL IMMIGRATION AND NATIONALITY ACT

By entering into the Contract, the Contractor warrants compliance with Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download USCIS.GOV.

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

3.18 INDEMNIFICATION CLAUSE

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal

injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

3.19 INSURANCE REQUIREMENTS

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Contractor shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability.

• General Aggregate	\$1,000,000
• Products – Completed Operations Aggregate	\$ 500,000
• Personal and Advertising Injury	\$ 500,000
• Blanket Contractual Liability – Written and Oral	\$ 500,000
• Fire Legal Liability	\$ 25,000
• Each Occurrence	\$ 500,000

a. The policy shall be endorsed to include the following additional insured language: ***“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”.***

b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

2. **Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$ 100,000
Disease – Each Employee	\$ 100,000
Disease – Policy Limit	\$ 100,000

a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

B. ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **ADOT Procurement Group, Att: Robyn Caillouette, 1739 W. Jackson, Mail Drop 100P, Phoenix, Arizona 85007-3276** and shall be sent by certified mail, return receipt requested.

D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance **within 3 days** (ACORD form or equivalent approved by the State of Arizona) of notice of tentative award as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **ADOT Procurement Group, Att: Robyn Caillouette, 1739 W. Jackson, Mail Drop 100P, Phoenix, Arizona 85007-3276**. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**

F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

H. **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

3.20 REFERENCES

Bidders shall provide, on **References, Attachment 3**, references from at least three (3) organizations for whom fire suppression modifications or equivalent have been provided for the past thirty six (36) months (for each listed reference).

3.21 LICENSES, PERMITS, ETC.

LICENSES

The Contractor and their subcontractors submitting offer packages must be licensed in the State of Arizona and must submit a copy identifying the license numbers and types of license as they pertain to this solicitation. All licenses shall be current, and have been and still are in good standings without suspension or interruption with the Registrar of Contractors office. All licenses must be maintained in good standings for the duration of the contract, which includes all contractual requirements throughout the term of the contract.

PERMITS

The Contractor shall be responsible for all fees associated with any of permits required and in accordance for this project.

4.0 UNIFORM INSTRUCTIONS TO OFFERORS

Incorporated by reference. To obtain a copy of the Uniform Instructions to Offerors in full text, you can log on to <http://www.azdoa.gov/spo/agency-resources-1/documents-forms/docs-forms/UIOv7.pdf> or contact Robyn Caillouette at (602) 712-7466.

5.0 SPECIAL INSTRUCTIONS AND REQUIRED SUBMITTALS

Complete and return all required information to the location indicated on the solicitation, page one (1) by the time indicated. Responses may be faxed to: (602) 712-3487, Attention: Robyn Caillouette. Responses must be in writing and signed.

5.1 PREPARATION OF BID PACKAGE

Only the following items shall be returned with the bid package. Failure to provide all of the items and the information requested may result in a bid being rejected. Complete and return the following attachments in the order as listed below:

- Offer and Contract Award, Attachment 1
- Price Sheet, Attachment 2
- References, Attachment 3
- Substitute W-9, Attachment 4
- Non-Collusion Affidavit, Attachment 5
- Licenses – Submit copies of applicable licenses

5.2 SITE VISIT

Bidders are required to carefully examine the site of the proposed work and satisfy themselves as to the labor hours and conditions to be involved in performing the work. Submission of an offer is prima facie evidence that the Contractor has examined the work site understands ALL work requirements and is aware of the conditions that might impact work performance, including any labor requirements, ordinances, taxes, fees, licenses, permits or conditions that may be imposed.

A site visit for access to the existing system has been coordinated on the dates and times specified below. This **will not** be an opportunity to ask questions as the individuals are only providing access to view the equipment.

Date	Time	Location
September 16, 2008	8:00 a.m. to 9:00 a.m.	Casa Grande MVD
	11:00 a.m. to 12:00 p.m.	Tucson North MVD
	1:00 p.m. to 2:00 p.m.	Tucson East MVD
September 17, 2008	10:00 a.m. to 11:00 a.m.	Douglas MVD
	1:00 p.m. to 2:00 p.m.	Safford MVD

5.3 QUESTIONS

Questions relating to this solicitation shall be submitted in writing and directed to Robyn Caillouette, Procurement Officer at fax number (602) 712-3487 or by e-mail to rcailouette@azdot.gov **no later than September 18, 2008, 3:00 P.M. MST.**

5.4 OFFSHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of

Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or 'overhead' services, ~~redundant back-up services~~ or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

5.5 FEDERAL IMMIGRATION AND NATIONALITY ACT

By signing the Offer the Offeror warrants that it and all proposed subcontractors are in compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Offeror shall obtain statements from all proposed subcontractors certifying compliance with this requirement and shall furnish the statements to the Procurement Officer upon request.

EXHIBIT 1 INSURANCE CERTIFICATE



ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street, Suite A, MD 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211



SOLICITATION NO. T09-13-00012

Submit this form with an original signature to the Department

PRODUCER	COMPANIES AFFORDING COVERAGE	CURRENT A.M. BEST RATING
INSURED	A	
	B	
	C	
	D	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (,000)
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> PER PROJECT <input type="checkbox"/> PRODUCT/COMPLETED OPERATIONS				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE(ANY ONE FIRE) MED.EXPENSE(ANY ONE PERSON)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	PROFESSIONAL LIABILITY <input type="checkbox"/> TYPE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
	BUILDERS RISK				
	OTHER:				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS: STATE OF ARIZONA AND THE STATE AGENCY NAMED BELOW ARE ADDED AS ADDITIONAL INSURED. IT IS AGREED THAT COVERAGES AFFORDED UNDER THE POLICIES CERTIFIED IN THIS CERTIFICATE SHALL BE PRIMARY AND ANY INSURANCE OR SELF-INSURANCE PROGRAM CARRIED BY THE STATE OR ANY OF ITS AGENCIES, BOARDS, DEPARTMENTS OR COMMISSIONS SHALL BE EXCESS AND NOT CONTRIBUTORY INSURANCE TO THAT PROVIDED BY THE NAMED INSURED. IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE STATE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE STATE. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

CERTIFICATE HOLDER / ADDITIONAL INSURED

AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY

STATE OF ARIZONA
ARIZONA DEPARTMENT OF TRANSPORTATION
 1739 West Jackson Street, Suite A, MD100P
 Phoenix, AZ 85007-3276

SIGNATURE
DATE: _____

**ATTACHMENT 1
OFFER AND CONTRACT AWARD**



ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street, Suite A, Mail Drop 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211



SOLICITATION NO. T09-13-00012

Submit this form with an original signature to the Department

OFFER

TO THE STATE OF ARIZONA:

The bidder hereby offers and agrees to perform in compliance with all terms, conditions, specifications and amendments of this solicitation and any written exceptions in the offer. Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Arizona State Transaction Privilege Tax License Number

No.: _____

Federal Employer Identification

No.: _____

For clarification of this offer, contact:

Printed Name

Offeror's (Company) Name

Email Address

Address

Company Email Address

City State Zip

Signature of Person Authorized to Sign Offer

Phone

Printed Name

Date

Facsimile

Title

In accordance with A.R.S. § 35-397, the offeror hereby certifies that the offeror does not have scrutinized business operations in Iran.

ACCEPTANCE OF OFFER AND CONTRACT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your bid is hereby accepted.

The contractor is now bound to perform based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the contractor's bid as accepted by the state.

This contract shall henceforth be referred to as Contract No. _____

Modification of existing fire sprinkler systems to install tamper switches for several ADOT locations.

The contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until contractor receives a purchase order document.

State of Arizona

Effective this _____ day of _____ 2008

Robyn Caillouette
As Procurement Officer and not personally

Awarded Date

**ATTACHMENT 2
PRICE SHEET**

ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement Group
1739 West Jackson Street, Suite A, Mail Drop 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211

SOLICITATION NO. T09-13-00012

Bidder's prices shall include all cost for labor, equipment, materials and incidentals necessary to complete all work in accordance with the requirements of the specifications.

Bidder may bid on any or all of the following locations:

<u>Line</u>	<u>Description</u>	<u>Unit</u>	<u>Price</u>
1.	Modification of sprinkler system and installation of tamper switch for Casa Grande MVD.	Job	_____
2.	Modification of sprinkler system and installation of tamper switch for Douglas MVD.	Job	_____
3.	Modification of sprinkler system and installation of tamper switch for Safford MVD.	Job	_____
4.	Modification of sprinkler system and installation of tamper switch for Tucson East MVD.	Job	_____
5.	Modification of sprinkler system and installation of tamper switch for Tucson North MVD.	Job	_____

DO NOT include **TAX** in the price above. Indicate the total tax amount for individual location(s) below:

<u>Line</u>	<u>Location</u>	<u>Unit</u>	<u>Tax Amount</u>
1A.	Casa Grande MVD	Job	_____
2A.	Douglas MVD	Job	_____
3A.	Safford MVD	Job	_____
4A.	Tucson East MVD	Job	_____
5A.	Tucson North MVD	Job	_____

ALL PRICES SHALL BE QUOTED F.O.B. DESTINATION

COMPANY NAME: _____

DATE: _____

REPRESENTATIVE SIGNATURE: _____

IF PAYMENT IS MADE WITHIN _____ DAYS AFTER RECEIPT OF GOODS OR SERVICES, THE ABOVE QUOTED PRICE CAN BE DISCOUNTED BY _____%.

ATTACHMENT 3 REFERENCES

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SOLICITATION NO. T09-13-00012

PLEASE LIST THE NAME, ADDRESS, CONTACT NAME, AND TELEPHONE NUMBER AND FAX NUMBER FOR THREE (3) ORGANIZATIONS FOR WHOM YOUR COMPANY HAS PROVIDED SERVICES OF A SIMILAR SIZE AND SCOPE WITHIN THE PAST 36 MONTHS. These references may be checked, so please make sure all information is accurate and current.

A. ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

CONTACT: _____

TELEPHONE NUMBER / FAX NUMBER: _____

DATE OF CONTRACT INITIATION: _____

TYPE OF SERVICES PROVIDED: _____

B. ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

CONTACT: _____

TELEPHONE NUMBER / FAX NUMBER: _____

DATE OF CONTRACT INITIATION: _____

TYPE OF SERVICES PROVIDED: _____

C. ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

CONTACT: _____

TELEPHONE NUMBER / FAX NUMBER: _____

DATE OF CONTRACT INITIATION: _____

TYPE OF SERVICES PROVIDED: _____



State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certification and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if 1. You are a U.S. person (including a resident alien);

2. You are a vendor that provides goods or services to a n Arizona state

agency; AND

3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.



• Type of Request (Must select at least ONE) <input type="radio"/> New Request <input type="radio"/> New Location (Additional Mail Code)		Change (Select the type(s) of change from the following:		<input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator <input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information	
• Taxpayer Identification Number (TIN) (Provide ONE Only) Social Security Number (SSN) _____ - _____ - _____ OR Employer Identification Number (EIN) _____ - _____					
• Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual OR Sole Proprietorship enter First, Middle, Last Name.) Legal Name* _____					
• Entity Type Must select one of the following (Coding (X#) is for internal purposes only)					
<input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (61) Corporation NOT providing health care, medical or legal services (5A)		<input type="radio"/> State of Arizona employee (1E) STATE HRIS _____		<input type="radio"/> EIN _____	
<input type="radio"/> Corporation providing health care, medical or legal services (5M)		<input type="radio"/> LLC, PLLC organized as corporation NOT providing health care medical or legal services (5A)		<input type="radio"/> LLC, PLLC organized as corporation providing health care medical or legal services (5M)	
<input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C)		<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)		<input type="radio"/> Other: Tax Reportable Entity (5P)	
<input type="radio"/> An international organization or any of its agencies/instrumentalities (5U)		<input type="radio"/> Other: Tax Exempt Entity (5H)		Description _____	
<input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G)					
• Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)					
<input type="radio"/> Small Business (01)		<input type="radio"/> Small, Woman Owned Business- Hispanic (31)		<input type="radio"/> Minority Owned Business- African American (04)	
<input type="radio"/> Small Business- African American (23)		<input type="radio"/> Small, Woman Owned Business- Native American (33)		<input type="radio"/> Minority Owned Business- Asian (32)	
<input type="radio"/> Small Business- Asian (24)		<input type="radio"/> Small, Woman Owned Business- Other Minority (11)		<input type="radio"/> Minority Owned Business- Hispanic (74)	
<input type="radio"/> Small Business- Hispanic (25)		<input type="radio"/> Woman Owned Business (03)		<input type="radio"/> Minority Owned Business- Native American (15)	
<input type="radio"/> Small Business- Native American (27)		<input type="radio"/> Woman Owned Business- African American (17)		<input type="radio"/> Minority Owned Business- Other Minority (02)	
<input type="radio"/> Small Business- Other Minority (05)		<input type="radio"/> Woman Owned Business- Asian (18)		<input type="radio"/> Non-Profit, IRC § 501(c) (88)	
<input type="radio"/> Small, Woman Owned Business (06)		<input type="radio"/> Woman Owned Business- Hispanic (19)		<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business (00)	
<input type="radio"/> Small, Woman Owned Business- African American (29)		<input type="radio"/> Woman Owned Business- Native American (21)		<input type="radio"/> Individual, Non-Business (00)	
<input type="radio"/> Small, Woman Owned Business- Asian (30)		<input type="radio"/> Woman Owned Business- Other Minority (08)			
• Main Address Where tax information and general correspondence is to be mailed DBA/Branch/Location _____ Address _____ City _____ State _____ Zip code _____			• Remittance Address Where payment is to be mailed <input type="checkbox"/> Same as Main DBA/Branch/Location _____ Address _____ City _____ State _____ Zip code _____		
• Vendor Contact Information Name _____ Title _____ Phone # _____ Ext. _____ Fax _____ Email _____					
• Certification <input type="checkbox"/> Exempt from backup withholding 1. Under Penalties of perjury, I certify that: 2. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND 3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</i>					
Signature _____		Title _____		Date _____	
STATE OF ARIZONA AGENCY USE ONLY – Agency Authorization					
State HRIS EIN _____		Print Name _____		Signature _____	
AGY _____		Title _____		Phone # _____	
				Email _____	
				Date _____	
STATE OF ARIZONA GAO USE ONLY					
<input type="checkbox"/> IRS TIN Matching <input type="checkbox"/> Corporation Commission		Vendor Number _____		Processed by _____	
<input type="checkbox"/> HRIS <input type="checkbox"/> GAO-03 <input type="checkbox"/> Other				Date Processed _____	

GAO-W-9 Revised 04/2008

**ATTACHMENT 5
NON-COLLUSION AFFIDAVIT**

ARIZONA DEPARTMENT OF TRANSPORTATION
Procurement
1739 West Jackson, Room 100P
Phoenix, Arizona 85007-3276
Phone: (602) 712-7211

SOLICITATION NO. T09-13-00012

NON-COLLUSION AFFIDAVIT

State of Arizona)

County of) ss
)

(Affiant)

the _____

(Title)

of _____

(Contractor)

the persons, corporation, or company who makes the accompanying Proposal, having first been duly sworn, deposes and says:

That such Proposal is genuine and not sham or collusive, nor made in the interest or behalf of any person not herein named, and that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a sham bid, or any other person, firm, or corporation to refrain from bidding, and that the Bidder has not in any manner sought by collusion to secure for itself an advantage over any other Bidder.

(Signature)

(Title)

Subscribed and sworn to before me this

_____ Day of _____, 20____

Signature of Notary Public in and for

the County of _____

State of _____